

# Confirming Safe Environments

**Note:** In order to create a Confirming Safe Environments (CSE), an assignment to the case is needed.

**Note:** There are three different types of CSEs: Licensed Foster Homes, Unlicensed Placements, and Group Homes and Residential Care Centers (RCCs). In order to create a CSE, the following 3 steps are the same for each type of CSE.

1. From the desktop, go to the Cases tab and click the Create Case Work hyperlink [Create case work](#) or select Create Case Work from the Actions drop-down next to the specific case to open the Create Case Work page.
2. On the Create Case Work page, select Confirming Safe Environments (CSE) from the safety drop-down. Select the appropriate case and case participant. Click the Create button. This will open the Placement Selection page.

The screenshot shows the 'Create Case Work' web application. The left sidebar lists various case items to create, with 'Safety' selected and 'Confirming Safe Environments (CSE)' chosen from the dropdown. The right sidebar shows a list of cases, with 'Casper, Grandmother (9222229)' selected. Below the cases list, the 'Case Participants' section shows 'Watermelon, Infant, Biological Child (9224743)' selected. The bottom of the window features 'Create' and 'Close' buttons.

3. On the Placement Selection page, select the placement to associate the Confirming Safe Environments to. Each record in the Placement Selection group box indicates the Provider Name, Placement Begin Dates, Placement End Date, and if the CSE has already been completed. Click the Create button to open the Confirming Safe Environments page.

**Note:** The Confirming Safe Environments Selection group box will display when a selection is made in the Placement Selection group box and an associated CSE for that provider has been made in error. Select the View hyperlink to view the CSE that has been made in error. Select the Copy hyperlink to create a copy of the made in error CSE or choose the Create button to create a new CSE record.

The screenshot shows a web browser window titled "Placement Selection - Windows Internet Explorer". The page header for "eWiSACWIS" includes links for "Print", "Spell Check", and "Help".

The main content area is titled "Placement Selection for: Infant Watermelon". It contains a table with the following data:

Select	Provider Name	Placement Begin Date	Placement End Date	CSE Completed
<input checked="" type="radio"/>	Zeus Auntie	09/17/2012		No

Below the table is a section titled "Confirming Safe Environments Selection". It contains the following text: "Please select the View hyperlink if you wish to view the previously created CSE that was set to made in error as a result of the placement begin ended as a "made in error" placement. Select the Copy hyperlink to copy this CSE or select the Create button if you wish to create a new CSE."

Below the text is a table with the following data:

Placement Begin Date	Placement End Date		
09/17/2012	09/17/2012	<a href="#">View</a>	<a href="#">Copy</a>

At the bottom right of the main content area are two buttons: "Create" and "Close".

The browser's status bar at the bottom shows "Done", "Local intranet | Protected Mode: Off", and a zoom level of "100%".

## Licensed Foster Home Placement

1. When the Confirming Safe Environments – Foster Home – Licensed page opens, the General Information group box displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches the related Home Provider page. The Type of Placement displays the Placement Setting and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments – Foster Home – Licensed page is the Confirming tab. This tab displays general information about the child's placement, and records information on contact and provider home visits, CANS, background checks, the provider's relationship to the child, and knowledge and skills of the placement provider. In the Confirming Safe Environments at the Initiation of the Placement group box, enter the appropriate Initial Placement Provider Contact, Initial Placement Home Visit, and Subsequent Placement Home Visit dates, enter the appropriate Initial Placement Contact and Initial Provider Home Visit dates.
3. The Child & Adolescent Needs & Strengths (CANS) group box will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWISACWIS

TM Print Spell Check Help

**General Information**

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** Placement Danger Threats Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Provider Contact: 00/00/0000 Initial Placement Home Visit: 00/00/0000 Subsequent Placement Home Visit: 00/00/0000

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON): 1/2 Provider Level of Care (LOC): 2 [View CANS](#)

Date of CANS: 02/01/2013 Child/Provider Match: LON matches LOC

Describe below:

[More...](#) [Less...](#) [Default](#)

**Background Checks**

As adult in the home has a criminal record (CCAP check): Yes No Date Completed: 00/00/0000

Options:  Go Save Close

100%

4. In the Background Checks group box, select the Yes or No radio button to indicate whether ‘An adult in the home has a criminal record (CCAP check)’ and enter the appropriate date in the Date Completed field. If Yes is selected, enter a narrative in the required Results and “Describe and justify why this caregiver is able to provide safe, stable care for this child.” text fields displayed.

**Note:** Click the [Consolidated Court Automation Programs \(CCAP\)](#) hyperlink to launch the associated website.

5. Select the Yes or No radio button to indicate if “An adult in the home has background check information.” If Yes is selected, then select the appropriate radio button to indicate whether there are concerns based on the background information.

The screenshot displays the eWiSACWIS web application within a Windows Internet Explorer browser window. The title bar reads "Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer". The application header includes the "eWiSACWIS" logo and navigation links for "TM", "Print", "Spell Check", and "Help".

The "General Information" section contains the following data:

- Child: [Watermelon, Infant \(9224743\)](#)
- Provider: [Auntie Zeus \(9221625\)](#)
- Type of Placement: Fstr Fam Hm (Non-Rel)
- Placement Begin Date: 01/31/2013
- Placement End Date:

The main content area features three tabs: "Confirming", "Placement Danger Threats", and "Risk Assessment / Management". The "Confirming" tab is active, showing the "Background Checks" section.

In the "Background Checks" section:

- The question "An adult in the home has a criminal record (CCAP check):" is followed by radio buttons for "Yes" (selected) and "No".
- The "Date Completed:" field contains the value "00/00/0000".
- The "Results:" field contains the hyperlink [Consolidated Court Automation Programs \(CCAP\)](#).
- Below the results field are links for "More...", "Less...", and "Default".
- The text "Describe and justify why this caregiver is able to provide safe, stable care for this child." is followed by a large text input area.
- Below the text area are links for "More...", "Less...", and "Default".
- The question "An adult in the home has background check information:" is followed by radio buttons for "Yes" (selected) and "No".
- The text "When an adult in the home has background check information in his/her history, does the agency have concerns regarding that information?" is followed by two radio buttons: "Concerns based on background information." (selected) and "No concerns based on background information.".

At the bottom of the form, there is a "Provider Relationship to the Child" section with an "Options:" dropdown menu and a "Go" button. To the right are "Save" and "Close" buttons. The bottom right corner of the browser window shows a zoom level of "100%".

6. In the Provider Relationship to the Child group box, select the Yes or No radio button to the question. If Yes is selected, two drop-downs are displayed to indicate the relative type. The first drop-down is not required, but the second drop-down is required.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

eWiSACWIS

General Information

Child: [Watermelon Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming Placement Danger Threats Risk Assessment / Management

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☒ Yes ☐ No

Relative Type:

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

**Knowledge and Skills of Placement Provider**

Does the placement provider need to acquire any special skills or knowledge to meet the needs of the child and handle the ☐ Yes ☐ No

Options:

100%

If No is selected, then an additional question is displayed with Yes and No radio buttons.

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☐ Yes ☒ No

If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family. ☐ Yes ☒ No

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Options:

7. Enter appropriate narrative in the required text fields.
8. In the Knowledge and Skills of Placement Provider group box, select the Yes or No radio for the question.

9. Click on the Placement Danger Threats tab. Select the Yes or No radio button for each placement danger threat. If a placement danger threat is identified with a Yes response, then provide a narrative description in the required text field that is opened.
10. A Details flare is available next to each placement danger threat to display the definition specific to the item.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help ?

**General Information**

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)  
 Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming Placement Danger Threats Risk Assessment / Management**

Out-of-home care provider or others in the home are violent or out of control (if "Yes", describe). [Details](#) ☒ Yes ☐ No

[More... Less... Default](#)

Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider refuse describe). [Details](#)

Out-of-home care provider commu or threatened harm by other family describe). [Details](#)

Out-of-home care provider is unw "Yes", describe). [Details](#)

Out-of-home care provider has no from potentially serious harm (if "Y

Child has exceptional needs or be [Details](#)

Child is profoundly fearful or anxio

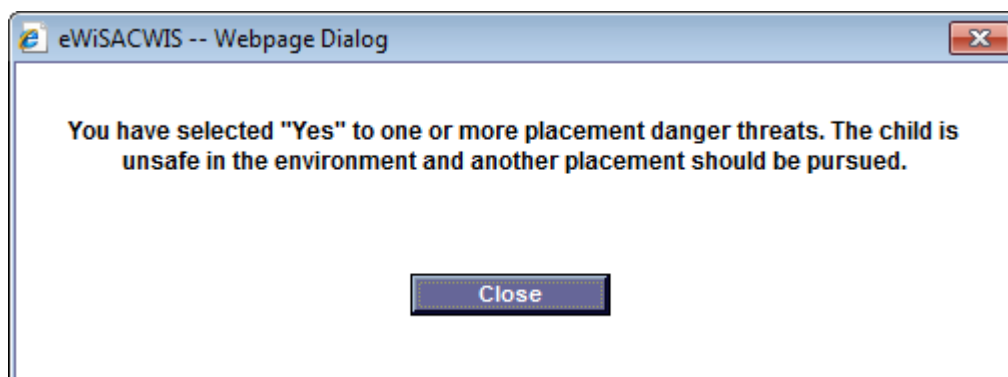
Options:

The word "predominantly" is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be inaccurate with respect to the child. Although this includes both relative and foster out-of-home care providers, it is more likely to apply to those who are already familiar with the child.

- The child is seen as evil, stupid, ugly or in some other demeaning or degrading manner.
- The out-of-home care provider transfers feelings and perceptions of a person the out-of-home care provider dislikes, is hostile toward, or fears to the child.
- The child was/is unwanted in the family or placement.
- The child is considered a burden, nuisance or punishment.
- One of the out-of-home care providers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other out-of-home care provider.
- The out-of-home care provider directs a pattern of profanity toward the child or repeatedly attacks child's self-esteem.
- The out-of-home care provider scapegoats the child.
- The out-of-home care provider requires the child to perform or act in a way that is impossible or improbable for the child's age or developmental level (e.g., babies and young children expected not to cry; expected to be still for extended periods; be toilet trained or eat neatly).
- Out-of-home care provider has a history of expecting other children to behave in a manner that is impossible or improbable for the child's age or developmental level.

100%

11. A message will display on the first instance a Yes is selected on the Placement Danger Threats tab. Click the Close button to close the message.



12. When one or more placement danger threat has been selected on the page, select either Yes or No for the question, “The court continued placement despite an identified Placement Danger Threat. If Yes, describe the plan to ensure a safe environment for the child.” If Yes is selected, enter narrative in the associated text box.

Out-of-home care provider indicates the child deserved what happened in the child's home (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan (if "Yes", describe). [Details](#) ☒ Yes ☐ No

[More...](#) [Less...](#) [Default](#)

one or more danger threats identified...

**A Placement Danger Threat has been selected above; please answer the following question.**

The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child. ☒ Yes ☐ No

the court continued placement...

[More...](#) [Less...](#) [Default](#)

13. Click on the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors for other minors in the out-of-home placement. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check ABC Help ?

**General Information**

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** **Placement Danger Threats** **Risk Assessment / Management**

**Other Minors in Out-of-Home Placement**

Note: "Minors" include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: Children are known to have a history of violence: ☒ Yes ☐ No

Describe below.

[More...](#) [Less...](#) [Default](#)

Sexually abusive behaviors: Children within the placement home are known to victimize other children physically or sexually: ☐ Yes ☒ No

Other behaviors: Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.): ☐ Yes ☒ No

Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☐ Yes ☒ No

Options:  [Go](#) [Save](#) [Close](#)

100%



14. In the Risk Management Plan group box, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field displayed.

**Risk Management Plan**  
Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:  
Describe below.

[More...](#) [Less...](#) [Default](#)

☐ Additional contact by agency or other providers:  
☐ Rearrange living environment:  
☐ Closer supervision of children by caregivers:  
☐ Additional house rules:  
☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

15. Click the Save button to save the information entered on the page.

16. To launch the associated CSE template, in the Options drop-down (from any tab), select Confirming Safe Environments (CSE). Click Go.

Confirming Safe Environments - Foster Home - Licensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**General Information**  
Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)  
Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** | Placement Danger Threats | Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**  
Initial Placement Provider Contact: 02/01/2013 Initial Placement Home Visit: 02/03/2013 Subsequent Placement Home Visit: 02/07/2013

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**  
Child's Assessed Level of Need (LON): Provider Level of Care (LOC):  
Date of CANS: Child/Provider Match:  
  
Describe below:

**Background Checks**  
An adult in the home has a criminal record (CCAP check): ☐ Yes ☐ No Date Completed: 00/00/0000

Options: **Confirming Safe Environments** Go Save Close

100%



17. Click the Print icon to print the CSE template. Click the Close and Return to eWiSACWIS to close the CSE template and return to the CSE page.

**Confirming Safe Environments  
Unlicensed Placements and Foster Care Placements**

Name - Child (Last, First, Middle)  
Watermelon, Infant

Placement Information  
Auntie Zeus, Fstr Fam Hm (Non-Rel), 01/31/2013

A. Confirming Safe Environments at the Initiation of Placement

Date - Initial Placement Provider Contact	Date - Initial Placement Home Visit	Date - Subsequent Placement Home Visit
02/01/2013	02/03/2013	02/07/2013

1. Child and Adolescent Needs and Strengths (CANS) (if results are available)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child/Provider Match

Describe below:

2. Background Checks

☐ No adult in the home has background check information.

☐ An adult in the home has background check information.

When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?

☐ No concerns based on background information.

☐ Concerns based on background information.

3. Provider Relationship to the Child

☐ Yes ☐ No This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats.

Relative type

☐ Yes ☐ No If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family.

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

4. Placement Danger Threats

☐ Yes ☐ No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.

☐ Yes ☐ No Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. If "Yes", describe.

☐ Yes ☐ No Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee. If "Yes", describe.

☐ Yes ☐ No Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or neglect by other family members, other household members, or other household contacts.

18. To approve the CSE, in the Options drop-down (from any tab), select Approval and click Go. On the Approval History page, select the Approve radio button in the Approval Decision group box and click the Continue button to return to the Confirming Safe Environments – Foster Home – Licensed page. On the Confirming Safe Environments – Foster Home – Licensed page, click Save and Close.

**eWiSACWIS**

General Information

Child: [Watermelon, Infant \(9224743\)](#) Provider: [Auntie Zeus \(9221625\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/31/2013 Placement End Date:

Confirming Placement Danger Threats Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Provider Contact: 02/01/2013 Initial Placement Home Visit: 02/03/2013 Subsequent Placement Home Visit: 02/07/2013

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON):

Date of CANS:

Provider Level of Care (LOC):

Child/Provider Match:

Describe below:

**Background Checks**

An adult in the home has a criminal record (CCAP check): ☐ Yes ☐ No Date Completed: 00/00/0000

Options: **Approval** Go Save Close

19. Once saved, a Confirming Safe Environments hyperlink will display under the safety icon. Click the hyperlink to open the corresponding CSE.

**Casper, Grandmother (9222229)**  
**Case details:**  
CPS Family - Initial Assessment  
Clark-Neillsville  
Open OHP exists for associated participant (s)

**Case address:**

**Primary worker:**  
Cake, Caitlin M., III  
(123) 456-7890 Ext. 1234  
[caitlin.cake@wisconsin.gov](mailto:caitlin.cake@wisconsin.gov)

**Actions:**  

Please select an action ▲

View case information

Access Reports

Assets and Income

Assignments

Case/Permanency Plan

Eligibility

Legal

Payments

Placements

Planning

Related People

Safety

Safety

Confirming Safe Environments

Reconfirming Safe Environments

09/17/2012

02/01/2013

Watermelon, Infant

Pending

Zeus Auntie

Approved

December 2017

10

## Unlicensed Placement

1. When the Confirming Safe Environments – Foster Home – Unlicensed page opens, the General Information group box displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches the related Home Provider page. The Type of Placement displays the Placement Setting and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments – Foster Home – Unlicensed page is the Confirming tab. This tab displays general information about the child's placement, and records information on contact and provider home visits, CANS, background checks, the provider's relationship to the child, and knowledge and skills of the placement provider. In the Confirming Safe Environments at the Initiation of the Placement group box, enter the appropriate Initial Placement Provider Contact, Initial Placement Home Visit, and Subsequent Placement Home Visit dates.
3. The Child & Adolescent Needs & Strengths (CANS) group box will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help ?

**General Information**

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)  
Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** Placement Danger Threats Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Provider Contact: 02/03/2014 Initial Placement Home Visit: 00/00/0000 Subsequent Placement Home Visit: 00/00/0000

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON): 1/2 Provider Level of Care (LOC): N/A [View CANS](#)  
Date of CANS: 01/31/2013 Child/Provider Match:  
  
Describe below:  
  
[More...](#) [Less...](#) [Default](#)

**Background Checks**

As an adult in the home has a criminal record (CCAR check): C Yes C No Date Completed: 00/00/0000

Options:

100%

4. In the Background Checks group box, select the Yes or No radio button for each of the questions and enter the appropriate date in the associated Date Completed field.
5. If Yes is selected, enter a narrative in the required Results and “Describe and justify why this caregiver is able to provide safe, stable care for this child.” text fields displayed.
6. Select the Yes or No radio button to indicate if “An adult in the home has background check information.” If Yes is selected, then select the appropriate radio button to indicate whether there are concerns based on the background information.

**Background Checks**

An adult in the home has a criminal record (CCAP check): ☒ Yes ☐ No

Date Completed: 00/00/0000

Results: [Consolidated Court Automation Programs \(CCAP\)](#)

[More...](#) [Less...](#) [Default](#)

Describe and justify why this caregiver is able to provide safe, stable care for this child.

[More...](#) [Less...](#) [Default](#)

An adult in the home is listed on the Reverse Address Sex Offender Registry: ☐ Yes ☐ No

Date Completed: 00/00/0000

[Sex Offender Address Check](#)

An adult in the home has Child Protective Services involvement (CPS check): ☐ Yes ☐ No

Date Completed: 00/00/0000

An adult in the home has background check information: ☐ Yes ☐ No

7. In the Provider Relationship to the Child group box, select the Yes or No radio button to the question. If Yes is selected, two drop-downs are displayed to indicate the relative type. The first drop-down is not required, but the second drop-down is required.

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check ABC Help ?

**General Information**

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)  
Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** | **Placement Danger Threats** | **Risk Assessment / Management**

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☒ Yes ☐ No

Relative Type:

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

**Knowledge and Skills of Placement Provider**

Options:

100%

If No is selected, then an additional question is displayed with Yes and No radio buttons.

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☐ Yes ☒ No

If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family. ☐ Yes ☒ No

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

[More...](#) [Less...](#) [Default](#)

8. Enter appropriate narrative in the required text fields.

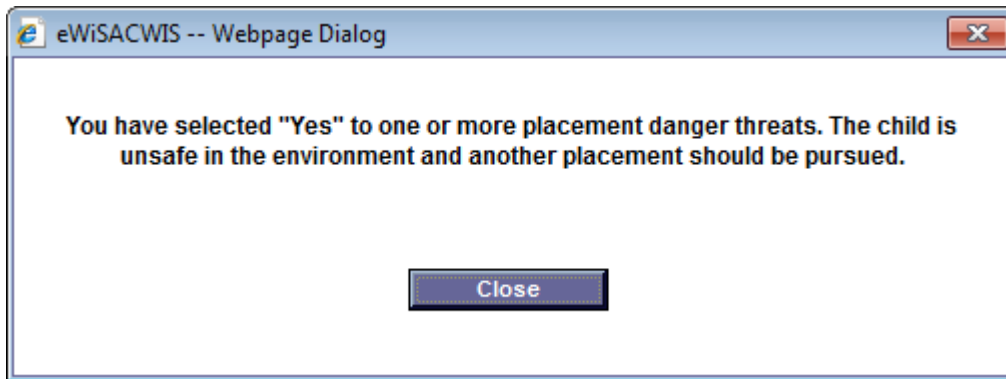
9. In the Knowledge and Skills of Placement Provider group box, select the Yes or No radio for the question.

General Information	
Child: <a href="#">Superhero, Baby-Boy (9223498)</a>	Provider: <a href="#">Provolone Cheese (9221634)</a>
Type of Placement: Non-Relative-Unlicensed	Placement Begin Date: 01/31/2013 Placement End Date:

Confirming	Placement Danger Threats	Risk Assessment / Management
Out-of-home care provider or others in the home are violent or out of control (if "Yes", describe). <a href="#">Details</a> <input checked="" type="radio"/> Yes <input type="radio"/> No		
<div> <div>Details...</div> <div> <a href="#">More...</a> <a href="#">Less...</a> <a href="#">Default</a> </div> </div>		
Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect the child from potentially serious harm (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Child has exceptional needs or behaviors which the out-of-home care provider cannot or will not meet or manage (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Child is profoundly fearful or anxious of the home situation (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider's drug or alcohol use appears to or could seriously affect his / her ability to supervise, protect or care for the child (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his / her ability to supervise, protect or care for the child (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider's physical health or physical condition appears to or could seriously affect his / her ability to supervise, protect or care for the child (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and / or is supportive of the parent's point of view (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider indicates the child deserved what happened in the child's home (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input type="radio"/> No		
Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan (if "Yes", describe). <a href="#">Details</a> <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>A Placement Danger Threat has been selected above; please answer the following question.</b>		
The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child. <input type="radio"/> Yes <input type="radio"/> No		

Options:

10. A message will display on the first instance a Yes is selected on the Placement Danger Threats tab. Click the Close button to close the message.





11. When one or more placement danger threat has been selected on the page, select either Yes or No for the question, “The court continued placement despite an identified Placement Danger Threat. If Yes, describe the plan to ensure a safe environment for the child.” If Yes is selected, enter narrative in the associated text box.

Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan (if “Yes”, describe). ☒ Yes ☐ No

[Details](#)

[More...](#) [Less...](#) [Default](#)

**A Placement Danger Threat has been selected above; please answer the following question.**

The court continued placement despite an identified Placement Danger Threat. If “Yes”, describe the plan to ensure a safe environment for the child. ☒ Yes ☐ No

[More...](#) [Less...](#) [Default](#)

12. Click on the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors for other minors in the out-of-home placement. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check REC Help ?

**General Information**

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)  
Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** **Placement Danger Threats** **Risk Assessment / Management**

**Other Minors in Out-of-Home Placement**

Note: “Minors” include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If “Yes” to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: Children are known to have a history of violence: ☒ Yes ☐ No

Describe below.

[More...](#) [Less...](#) [Default](#)

Sexually abusive behaviors: Children within the placement home are known to victimize other children physically or sexually: ☐ Yes ☒ No

Other behaviors: Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.): ☐ Yes ☒ No

Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If “Yes” to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☐ Yes ☒ No

Options:

100%

13. In the Risk Management Plan group box, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field displayed.

**Risk Management Plan**

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:

Describe below.

☐ Additional contact by agency or other providers:

☐ Rearrange living environment:

☐ Closer supervision of children by caregivers:

☐ Additional house rules:

☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

14. Click the Save button to save the information entered on the page.

15. To launch the associated CSE template, in the Options drop-down (from any tab), select Confirming Safe Environments (CSE). Click Go.

Confirming Safe Environments - Foster Home - Unlicensed - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check ABC Help ?

**General Information**

Child: [Superhero, Baby-Boy \(9223498\)](#) Provider: [Provolone Cheese \(9221634\)](#)

Type of Placement: Non-Relative-Unlicensed Placement Begin Date: 01/31/2013 Placement End Date:

**Confirming** Placement Danger Threats Risk Assessment / Management

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☐ Yes ☒ No

If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family. ☐ Yes ☐ No

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

Options: **Confirming Safe Environments** Go Save Close

100%

16. Click the Print icon to print the CSE template. Click the Close and Return to eWiSACWIS to close the CSE template and return to the CSE page.

9234094.0.rtf [Compatibility Mode] - Microsoft Word

File eWiSACWIS

Print Cut Copy Paste Zoom Spell Check Copy From Bookmarks Close and Return to eWiSACWIS

### Confirming Safe Environments Unlicensed Placements and Foster Care Placements

Name – Child (Last, First, Middle)  
Superhero, Baby-Boy

Placement Information  
Provolone Cheese, Non-Relative-Unlicensed, 01/31/2013

**A. Confirming Safe Environments at the Initiation of Placement**

Date - Initial Placement Provider Contact <u>02/01/2013</u>	Date - Initial Placement Home Visit <u>02/01/2013</u>	Date - Subsequent Placement Home Visit <u>02/06/2013</u>
--	--	---

1. Child and Adolescent Needs and Strengths (CANS) (if results are available)  
Date of CANS  
                    

Child's Assessed Level of Need (LON)                      Provider Level of Care (LOC)                     

Child/Provider Match  
                    

Describe below.  
                    

2. Background Checks  
☐ No adult in the home has background check information.  
☐ An adult in the home has background check information.  
When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?  
☐ No concerns based on background information.  
☐ Concerns based on background information.

3. Provider Relationship to the Child  
☐ Yes ☐ No This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats.  
Relative type  
                    

☐ Yes ☐ No If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family.  
                    

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).  
                    

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).  
                    

4. Placement Danger Threats  
☐ Yes ☐ No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.  
                    

☐ Yes ☐ No Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. If "Yes", describe.  
                    

☐ Yes ☐ No Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee. If "Yes", describe.  
                    

☐ Yes ☐ No Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child. If "Yes", describe.  
                    

Page: 1 of 3 Words: 1,144

100%

17. To approve the CSE, in the Options drop-down (from any tab), select Approval and click Go. On the Approval History page, select the Approve radio button in the Approval Decision group box and click the Continue button to return to the Confirming Safe Environments – Foster Home – Unlicensed page. On the Confirming Safe Environments – Foster Home – Unlicensed page, click Save and Close.

18. Once saved, a Confirming Safe Environments hyperlink will display under the case outliner, safety icon. Click the hyperlink to open the corresponding CSE.

Confirming Safe Environments		Confirming Safe Environments		Confirming Safe Environments	
01/31/2013	Superhero, Baby-Boy	Provolone Cheese	Pending		
08/15/2012	Superhero, Baby-Boy	Kathy Kellogg	Approved		

## Group Home or Residential Care Center (RCC) Placement

1. When the Confirming Safe Environments – Group Home / RCC page opens, the General Information group box displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches the related Private Provider page. The Type of Placement displays the Placement Setting and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments – Group Home / RCC page is the Confirming tab, which displays general information about the placement contact and CANS. In the Confirming Safe Environments at the Initiation of the Placement group box, enter the appropriate Initial Placement Contact date. The Child & Adolescent Needs & Strengths (CANS) group box will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**General Information**

Child: [West, Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)

Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

**Confirming** Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Contact: 08/19/2012

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON): Provider Level of Care (LOC):

Date of CANS: Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: Go Save Close

Done Local intranet | Protected Mode: Off 100%

3. Click on the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors for other minors in the out-of-home placement. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.

4. In the Risk Management Plan group box, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field displayed.

Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help ?

**General Information**

Child: [West\\_Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)  
Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

**Confirming** **Risk Assessment / Management**

Other behaviors: Children within the placement have mental health, AODA or other behaviors (fire settings, etc.): ☐ Yes ☐ No

Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☒ Yes ☐ No

Sexually abusive behaviors: ☐ Yes ☒ No

Other behaviors (mental health or AODA issues, fire settings, etc.): ☒ Yes ☐ No

**Risk Management Plan**

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:  
Describe below:

☐ Additional contact by agency or other providers:

☐ Decrease rules/enforcement:

Options: **Go** **Save** **Close**

Done Local intranet | Protected Mode: Off 100%

5. To launch the associated CSE template, in the Options drop-down (from any tab), select Confirming Safe Environments (CSE). Click Go.

Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**General Information**

Child: [West, Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)  
Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

**Confirming** Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Contact: 08/19/2012

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON): Provider Level of Care (LOC):  
Date of CANS: Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: [Confirming Safe Environments \(CSE\)](#) Go Save Close

Done Local intranet | Protected Mode: Off 100%



6. Click the Print icon to print the CSE template. Click the Close and Return to eWiSACWIS to close the CSE template and return to the CSE page.

**Confirming Safe Environments  
Group Home and Residential Care Center**

Name – Child (Last, First, Middle)  
West, Child

Placement Information  
Madison Group Home, Group Home, 08/20/2012

**A. Confirming Safe Environments at the Initiation of Placement**

Initial Placement Contact Date  
08/19/2012

Child and Adolescent Needs and Strengths (CANS) (if results are available)  
Date of CANS

Child's Assessed Level of Need (LON) Provider Level of Care (LOC)

Child/Provider Match

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

**B. Other Minors in Out-of-Home Placement**

a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this child? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

☒ ☐ Aggressive behaviors. Children are known to have a history of violence.

☒ ☐ Sexually abusive behaviors. Children within the placement are known to victimize other children physically or sexually.

☒ ☐ Other behaviors. Children within the placement have mental health, AODA or other behaviors (fire settings, etc.).

b. Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

☒ ☐ Aggressive behaviors.

☒ ☐ Sexually abusive behaviors.

☒ ☐ Other behaviors (mental health or AODA issues, fire settings, etc.).

**C. Risk Management Plan**

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers. Describe below.

7. To approve the CSE, in the Options drop-down (from any tab), select Approval and click Go. On the Approval History page, select the Approve radio button in the Approval Decision group box and click the Continue button to return to the Confirming Safe Environments – Group Home / RCC page. On the Confirming Safe Environments – Group Home / RCC page, click Save and Close.

Confirming Safe Environments - Group Home / RCC - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**General Information**

Child: [West, Child \(9225939\)](#) Provider: [Madison Group Home \(9221220\)](#)

Type of Placement: Group Home Placement Begin Date: 08/20/2012 Placement End Date:

**Confirming** Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Contact: 08/19/2012

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON): Provider Level of Care (LOC):

Date of CANS: Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: **Approval** Go Save Close

Done Local intranet | Protected Mode: Off 100%

8. Once saved, a Confirming Safe Environments hyperlink will display under the case outliner, Safety icon. Click the hyperlink to open the corresponding CSE.

**West, Mom (9222702)**

**Case details:**  
CPS Family - Initial Assessment  
Milwaukee-Region 1  
Open OHP exists for associated participant (s)

**Case address:**  
123 Elm  
Green Bay, WI 54302

**Primary worker:**  
Cake, Caitlin M., III  
(123) 456-7890 Ext. 1234  
[caitlin.cake@wisconsin.gov](mailto:caitlin.cake@wisconsin.gov)

**Actions:**  
[Please select an action ▲](#)

**View case information**

Access Reports

Assessments

Assets and Income

Assignments

Eligibility

Placements

Planning

Related People

Safety

**Safety**

<ul style="list-style-type: none"> <li>Confirming Safe Environments</li> <li>Reconfirming Safe Environments</li> <li>Safety Assessment, Analysis and Plan (IAP)</li> </ul>	<p>08/20/2012</p> <p>02/01/2013</p>	<p>West, Child</p> <p>Approved</p>	<p>Madison Group Home</p>	<p>Approved</p>
--	-------------------------------------	------------------------------------	---------------------------	-----------------